



City
of
Milwaukee

EMPLOYMENT APPLICATION
for
**ACCOUNTING
SPECIALIST**
Milwaukee Public Schools

RETURN APPLICATION TO:
Dept. of Employee Relations
Room 706, City Hall
200 E. Wells St.
Milwaukee, WI 53202-3554
(414) 286-3751
TDD (414) 286-2960
www.milwaukee.gov/jobs

INSTRUCTIONS TO APPLICANT:

1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. DATE and SIGN on page 2.
4. Staple together all pages of your application.
5. Keep a copy of completed application materials for your files.

<p>Name _____ Last First M.I.</p> <p>Address _____ Apt. # _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Email: _____</p> <p>Day phone: (____) _____ - _____</p> <p>Evening phone: (____) _____ - _____</p> <p>Cell phone: (____) _____ - _____</p>	<p>Do you currently live in the city of Milwaukee?</p> <p><input type="checkbox"/> Yes. When did you become a resident? (month/year) _____</p> <p><input type="checkbox"/> No</p> <p><i>NOTE: City employees must live in the City. Residency proof will be required as stated under qualifications for the position applied for.</i></p> <p>List any other names by which you have been known on official records: _____</p>				
<p>Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:</p>					
<p>List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:</p>					
<table style="width: 100%;"><tr><td style="width: 25%;">TYPE</td><td style="width: 25%;">NUMBER (if any)</td><td style="width: 25%;">TYPE</td><td style="width: 25%;">NUMBER (if any)</td></tr></table>		TYPE	NUMBER (if any)	TYPE	NUMBER (if any)
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<p>OPEN RECORDS/PUBLIC INFORMATION</p> <p>The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.</p> <p>If you do not wish us to reveal your identity, please check the following box: <input type="checkbox"/></p>					
<p>Are you legally authorized to work permanently for any employer within the United States? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>There may be a possibility of employment with other organizations. If so, may we refer your name? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):</p>					
<p>If you are CURRENTLY <input type="checkbox"/> or were PREVIOUSLY <input type="checkbox"/> employed by the City of Milwaukee, list the following:</p> <p>Position Title _____ Employee ID# _____</p> <p>Department _____ From (month/yr) to (month/yr) _____</p>					

If you have ever been convicted of a felony or misdemeanor, or have felony or misdemeanor charges pending, list details below.

If you have NEVER been convicted of a felony or misdemeanor, and have no felony or misdemeanor charges pending, please fill in NO below.

YOU MUST PROVIDE YOUR BIRTHDATE ON THE PAGE 13 OF THIS APPLICATION. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. In the space below list your CHARGE, DATE, LOCATION, COURT and DISPOSITION OF CASE.

CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Felony and misdemeanor convictions not reported on the application may be cause for rejection or discharge.

READ CAREFULLY BEFORE SIGNING -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE _____

DATE _____

PLEASE READ BEFORE COMPLETING THIS APPLICATION:

*We recognize this questionnaire may take some time to complete, but it is a required part of the selection process. Only the best-qualified candidates will be given further consideration. Because we must base comparisons on similar and job-related information, all candidates will be evaluated from their completed responses to the information requested on this questionnaire. **If you attach a resume, the information on the resume will not be substituted for any of the information requested to be completed on this questionnaire.** It is in your own best interest to include complete and accurate responses to all the information requests. If you need more space, attach additional pages using the same format. Any information you give may be checked for accuracy.*

EDUCATION AND TRAINING

- Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12
- Did you graduate from High School? ☐ Yes ☐ No
- If Yes, Name and Location of High School _____
- Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

EDUCATION AND/OR TRAINING BEYOND HIGH SCHOOL

- A. Do you hold a **Bachelor's Degree**? ☐ Yes ☐ No Date earned: _____
 Major: _____ Minor: _____
 Name and location of college or university: _____
- B. If you answered "No" to A, above, have you earned some undergraduate credits? ☐ Yes ☐ No
 Dates attended: _____ Number of credits = _____
 Field of study: _____
 Name and location of college or university: _____
- C. Do you hold a **Master's Degree**? ☐ Yes ☐ No Date earned: _____
 Major: _____ Minor: _____
 Name and location of college or university: _____
- D. Please describe any other education, training or professional seminars you have successfully completed that may relate to this position. (Be sure to include name of institution and dates.)

If more space is needed please make additional copies of this page or attach additional sheets.

[illegible]

[illegible]

PROFESSIONAL DESIGNATIONS AND AFFILIATIONS

A. Do you currently hold a Certified Public Accountant (C.P.A.) designation?

☐ Yes ☐ No Valid dates: _____

B. Do you currently hold any other certifications related to this position (CMA, CFM, CIA, etc...)?

☐ Yes ☐ No

Certification: _____ Valid dates: _____

Certification: _____ Valid dates: _____

C. Are you now, or have you been, a member of any professional organization(s) relating to this field?

- | | |
|--|--|
| a. Wisconsin Institute of Certified Public Accountants (WICPA) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. National Association of Black Accountants (NABA)-Central Region | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Association of Latino Professionals in Finance and Accounting (ALPFA)-Milwaukee | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Wisconsin Association of Accountants (WAA) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Association for Accounting Marketing (AAM) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Other: _____ | |
| g. Other: _____ | |

If yes, please describe your participation below:

SUPPLEMENTAL INFORMATION

Please describe your specific experience and accomplishments in each of the following areas, including extent of involvement, level of responsibility and frequency. For each answer, please identify the employer where this experience was gained. Attach additional pages if more space is needed.

1. Describe your experience performing various general accounting tasks in accordance with accounting industry standards:

A) General ledger accounting: _____

B) Categorical accounting: _____

C) Cost accounting: _____

D) Accounts payable: _____

E) Cash management: _____

F) Contract administration and compliance: _____

G) School accounting: _____

2. What steps have you taken to maintain an in-depth familiarity with GAAP?

3. Describe your experience researching and resolving technical accounting issues:

4. Outline your experience performing GAAP basis financial and regulatory reporting:

5. Have you monitored expenditures against current annual budget? Have you prepared revenue estimates and expenditure projections? If so, describe below:

6. Do you have supervisory experience? If so, describe below. Include any experience reviewing and evaluating final work product, training staff, and monitoring performance.

7. Describe your background in process improvement:

8. Explain your experience with financial controls:

9. Describe your background in planning, designing, and implementing financial information systems, including populating tables, maintaining charts of accounts, designing reports and screens, and performing queries to properly maintain financial systems in a mainframe, client/server, and microcomputer environment:

10. List and assess your level of expertise with the following computer software applications: accounting, word processing, spreadsheet, database, presentation, and any others with which you may be familiar:

11. Summarize your experience working with people across functions and levels and whose educational, socioeconomic, and cultural backgrounds differ from yours:

12. Describe your experience responding to customer inquiries and concerns:

13. Briefly add anything else not covered above that you feel will add to your qualifications, such as special skills, ability to speak a foreign language, honors, awards, or publications:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

_____ Yes

_____ No

If yes, what kind of accommodations will you need?

_____ A signer

_____ A reader

_____ Extra time

_____ Other (Please describe) _____

Comments: _____

SIGNATURE: _____

DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.

MILITARY SERVICE

Qualified veterans who obtain passing scores on open competitive examinations may be entitled to have additional points added to their scores. Individuals entitled to veteran's preference points also include disabled veterans, spouses of certain disabled veterans or unremarried spouses of eligible veterans who were killed in action or died of a service-connected disability. Candidates must qualify under Wisconsin state statutes defining veterans for this purpose.

Wisconsin State Statute 230.16(7m)(a) defines a "veteran" as a person who fulfills at least one of the following requirements:

1. Served on active duty in the U.S. armed forces for at least 180 days, not including training.
2. Was discharged from the U.S. armed forces because of a disability incurred during active duty or because of a disability that is later adjudicated by the U.S. department of veterans affairs to have been incurred during active duty.
3. Was honorably discharged from the U.S. armed forces.
4. Is eligible to receive federal veterans benefits.

Documentation Required

If you are an eligible veteran, you must attach an undeleted copy of your DD-214. Undeleted means that the copy you submit must include the bottom portion that indicates the type of discharge you received. If you have not yet been released from active duty, you may present individual orders or a letter from your commanding officer attesting to honorable service and the dates thereof, instead of the DD-214. If you are the spouse of a disabled wartime veteran whose disability is at least 70%, or if you are the un-remarried spouse of a veteran who was killed in action or died of a service-connected disability, you may be eligible to claim preference points. In addition to the documentation described above, you must also provide documentation of your relationship to the veteran and of the veteran's compensable disability.

Do you claim veteran's preference points based on the criteria listed above?

Yes _____ No _____

City of Milwaukee
Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

*Your birthdate must be provided and will be used for conviction verification:*_____

PLEASE PRINT

1. Name: _____

LAST FIRST MIDDLE

2. Recruiting information: How did you **FIRST** hear about this job opening? (*please check only one*)

- ☐ A. Milwaukee Journal Sentinel
- ☐ B. Other Newspaper (please specify) _____
- ☐ C. City Hall Posting
- ☐ D. Library Posting
- ☐ E. Community Agency Posting (please specify) _____
- ☐ F. College or University Posting (please specify) _____
- ☐ G. From a City Employee
- ☐ H. From Someone who is NOT a City Employee
- ☐ I. Job Hotline Number (414-286-5555)
- ☐ J. Received Job Interest Postcard in mail
- ☐ K. Job Fair/Career Talk (please specify) _____
- ☐ L. TV (please specify station) _____
- ☐ M. Radio (please specify station) _____
- ☐ N. **www.milwaukee.gov/jobs**
- ☐ O. Other internet site (please specify) _____
- ☐ P. OTHER (please specify)

3. Sex (please check one): MALE_____ FEMALE_____

4. Race (please check one):

- ☐ Black/African American (not of Hispanic origin)
- ☐ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- ☐ White/Caucasian/European/North African/Middle Eastern (not of Hispanic origin)
- ☐ Native American Indian/Alaskan Native
- ☐ Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)

5. List any languages, other than English, which you speak **FLUENTLY**:_____

6. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.

I live in the _____ Housing Development.

The above completed information is true to the best of my knowledge.

SIGNATURE _____ DATE _____